SERVICE OF	ato	THE DIVISION OF HE	ALTH OF MISSOURI	;	25444		
DESINON 6	502	STANDARD CERTIF	ICATE OF DEATH	State File No	-02411		
DIRTH MO		REG. DIST. NO. 156	PRIMARY REG. DIST. NO:	200/ Registere No	472		
	TH		US LIGHTAL DECIDENCE		stitution: residence before		
a. COUNTY V	44.4. ·		a. STATE Missa	b. COUNTY	admission).		
b. CIDE (II comida ed	porate limits, write RU	RAL and give c. LENGTH OF	c. CITY (If outside perporate	limits, write RURAL and the tow	nehi:		
TOWN	lie.	township) 51 AY (in this place)	TOWN	liv.	0475		
d. FULL NAME OF C	If not in heapital or ins	titution, give street address or location)	ADDRESS -		M 4		
INSTITUTION	neemen	Magnetal.			onee-		
	a. (First)	b. (Middle)	P. C. (Last)	OF :	(Day) (Year)		
 	6dill	C.	LA DATE OF BIRTH		-5-1952		
Joseph Company	COLOR OR RACE	WIDOWED, DIVORCED (Bookly)		I lest blothday) Montha			
10a. USUAL OCCUPATIO	N (Clive kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and		12. CITIZEN OF WHAT		
done-during most of working	g life, even if retired)	DUSTRY	Wainen	Lange Courty	COUNTRY?		
11a FATHER'S NAME	7	136. MOTHER'S MAIDEN	NAME 114	NAME OF HUSBAND OR WIT	E		
John B	Cotton	an Eume	allen . W.	H. Landrell	Need.		
			17. INFORMANT'S S	GNATURE OR NAME	ADDRESS		
(Ye. no. or unknown) (II	Move	nous.	Mero Hugh Rassi	ey Joseph	lin, Kes.		
18. CAUSE OF DEATH			ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		
	DIRECTLY LEADIN	NOTION (a) 1) Item	is see natic !	teart Disease			
	ANTECEDENT CAL	JSES					
the mode of dying, such	Morbid conditions,	if any, pioing DUE TO (b)	· · · · · · · · · · · · · · · · · · ·		_		
	rise to the above can the underlying caus	use (a) stating e last.	* -		1		
ease, injury, or complica-		DUE TO (c)			-		
tion which caused death.	Conditions contribu	ting to the death but not			1.		
	related to the disease	e or condition causing death.			20. AUTOPSY?		
19a. DATE OF OPERA- TION	195, MAJOR FIND	INGS OF OPERATION		1/200	1 '		
21. ACCIDENT	<u></u>	IN DIACEOFINIUDV (s. a. franchist	210 (CITY TOWN OR TOW		YES L.J. NO L.J. (STATE)		
SUICIDE HOMICIDE			Zic. (Off), form, on for	(000111)			
	(Day) (Year) (H		21f. HOW DID INJURY OCC	UR7			
INJURY	•	m. WHILE AT NOT WHILE WORK AT WORK	<u> </u>				
22. I hereby certify i	hat I attended th	e deceased from 6-27	195210 10-	ين <u>ک ک</u> , that I la	st saw the deceased		
alige on 10-	25 , 19 <u>5</u> 2			ruses and on the date stat	ed above.		
234. SIGNATURE	714/1	(Degree or title)	23b ADDRESS	13 47	23c. DATE SIGNED		
Alle	W. Kozu	le mi	Japle	w, Uno-	10-27-52		
24a BURIAL, CREMA	24b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY 24d.	LOCATION (Oity, town, or cou	nty) (State)		
Dunea! B	10-27-1	752 744. Hope	Per 2	unds (sty	DDRF \$5		
DATE REC'D BY LOCAL	RECESTRAR'S SI	MATURE NEW 13	20 PUNERAL DIRECTOR	S SIGNATURE	The Park		
10-29-52 by selate campling of Tounkell - Delan Mark Jopher, Mes							
(Licensed Emparies Statement on Reverse Side)							
	a. COUNTY b. CITA (II conds ed OR OR TOWN d. FULL NAME of CHOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX 6. 10a. USUAL OCCUPATIC done during most of working most of working most of working the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY 22. I hereby certify the align of the condition of the con	BIRTH NO. I. PLACE OF DEATH a. COUNTY b. CITP (It peride corporate limits, write RU TOWN d. FULL NAME of (It not in bospital or ins HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 10a. USUAL OCCUPATION (Give hind of work done-during most of working life, even if retired) 11a FATHER'S NAME COLOR 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart fature, asthesia, etc. It means the dis- case, injury, or compilea- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (B INJURY) 22. I hereby certify that I attended the alige on O-25-, 193-2 23a. SIGHATURE DATE RECO BY LOCAL RESTRAR'S SI	STANDARD CERTIF BIRTH MO. REG. DIST. NO. JG I. FLACE OF GEATH a. COUNTY b. CIV (II comple of Operate limits, write RURAL and give C. LENGTH OF TOWN d. FULL NAME OF (II not in hospital or insultation, give street address of location) HOSPITAL (OR INSTITUTION) 3. NAME OF a. (First) DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Beyelf) 10a. USLA OCCUPATION ((New ited of work days during most of working lile, even is restreed) 11a Frimer's HAME 15a. CAUSE OF DEATH Enter only one outsop per line for (a), (b), and (c) *This does not mean the discussion filter from which caused deeth. 15a. DATE OF OPERA- TION 21a. ACCIDENT (Hospital) 15b. MAJOR FINDINGS OF OPERATION 21c. It mens the discusse or condition counting death. 15a. DATE OF OPERA- TION 21a. ACCIDENT (Mosth) (Day) 15b. PLACE OF INJURY (e.g., in or about South Plant County) 21c. It mere by certify that I attended the deceased from 6-27 15a. SIGNAPHER 21c. It mere by certify that I attended the deceased from 6-27 15a. REG. DIST. NO. 21a. SIGNAPHER 21b. DATE OF OPERA- TION 21a. SIGNAPHER 21b. DATE 21c. INJURY OCCURRED WORK 12a. SIGNAPHER 21b. DATE 22c. RAME OF CEMETER 22c. RAME OF CEMETER 22c. RAME OF CEMETER 22d. RAME OF CEMETER	BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 2 USUAL RESIDENCE a. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) C. LENGTH OF COUNTY D. CITY Of PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. PRIMARY REG. DIST. NO. 2 USUAL RESIDENCE a. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. D. CITY Of PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of PRIMARY ADDRESS SENSITION D. STATE PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. C. CITY (If outside supporter township) D. CITY Of Outside STATE PRIMARY IN ADDRESS SENSITION D. STATE PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. STATE PRIMARY IS ADDRESS SENSITION D. STATE PRIMARY REG. DIST. NO. STATE PRIMARY IS ADDRESS SENSITION D. STATE PRIMARY IS ADDRESS SENSITION D. STATE PRIMARY REG. DIST. NO. STATE PRIMARY IS ADDRESS SENSITION D. STATE PRIMARY IS ADDRESS SENSITION D. STATE PRIMARY IS ADDRESS SENSITION D. STATE PRIMARY REG. DIST. NO. STATE PRIMARY REG. DIST. NO. STATE PRIMARY IS ADDRESS SENSITION D. STA	STANDARD CERTIFICATE OF DEATH State File No. REG. DIST. NO. SEC. DIST. NO.		

RECEIVED Jasper County H	tealth Offic
County File Number	52/11/850
Date Filed	5-52

	•	

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed Cecela abom hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

Licensed Embalmer No. 3590.

2961 2.7.5.

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.